

First Time Homebuyer Program – Preliminary Application

Please complete each section below in its entirety. Insert “N/A” if information requested is not applicable.

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Telephone:	Work Telephone:	Cellular Telephone:	Home Telephone:	Work Telephone:	Cellular Telephone:
Email Address:			Email Address:		
Social Security Number:	Date of Birth (MM/DD/YYYY):		Social Security Number:	Date of Birth (MM/DD/YYYY):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Legal Status: <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Legal Status: <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen	

Children & Others in Household

Name:	Date of Birth:	Sex:	Relation to Applicant:
Name:	Date of Birth:	Sex:	Relation to Applicant:
Name:	Date of Birth:	Sex:	Relation to Applicant:
Name:	Date of Birth:	Sex:	Relation to Applicant:

Please provide additional page if necessary.

Applicant's Initials if information provided is accurate: _____
Co-Applicant's Initials if information provided is accurate: _____

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Page completed accurately and in its entirety. Please note that inaccurate or false information may result in program disqualification.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:
Photo identification attached for applicant(s). Government-issued ID must indicate current residence.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:
Social Security Card attached for applicant(s).	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:
Proof of legal status attached for applicant(s), if applicable. (i.e. birth certificate, naturalization forms, passport)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:

Employment History

Please provide employment history, latest first, for the past 10 years for all applicants.

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last

Employer:			Employer:		
Employer Address:			Employer Address:		
Supervisor:	Employer Telephone:		Supervisor:	Employer Telephone:	
Position:	Start Date:	End Date:	Position:	Start Date:	End Date:

Employer:			Employer:		
Employer Address:			Employer Address:		
Supervisor:	Employer Telephone:		Supervisor:	Employer Telephone:	
Position:	Start Date:	End Date:	Position:	Start Date:	End Date:

Employer:			Employer:		
Employer Address:			Employer Address:		
Supervisor:	Employer Telephone:		Supervisor:	Employer Telephone:	
Position:	Start Date:	End Date:	Position:	Start Date:	End Date:

Employer:			Employer:		
Employer Address:			Employer Address:		
Supervisor:	Employer Telephone:		Supervisor:	Employer Telephone:	
Position:	Start Date:	End Date:	Position:	Start Date:	End Date:

Applicant's Initials if information provided is accurate: _____

Co-Applicant's Initials if information provided is accurate: _____

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Third party verification(s) for current employment attached. The submission of inaccurate/false information may result in program disqualification.	Yes:	No:	Staff Initials:

Income Verification

Please include all sources of income for all adult members of the applicant household.

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last

Income Source(s) – Provide all that apply	Income Source(s) – Provide all that apply
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Employment:	Source(s):	Annual Gross Income:	Employment:	Source(s):	Annual Gross Income:
Retirement/Pension:	Source(s):	Annual Gross Income:	Retirement/Pension:	Source(s):	Annual Gross Income:
Disability:	Source(s):	Annual Gross Income:	Disability:	Source(s):	Annual Gross Income:
Other:	Source(s):	Annual Gross Income:	Other:	Source(s):	Annual Gross Income:
Total Annual Income:		\$	Total Annual Income:		\$

Financial Information & Assets

Please include all assets (including real property for adult members of household).

Bank Account(s) – Provide all that apply	Bank Account(s) – Provide all that apply
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Bank Name:			Bank Name:		
Bank Address:			Bank Address:		
Bank City:	Bank State:	Bank Zip Code:	Bank City:	Bank State:	Bank Zip Code:
Savings Account:		Account Balance:	Savings Account:		Account Balance:
Checking Account:		Account Balance:	Checking Account:		Account Balance:
Certificates of Deposit:		Certificate Value:	Certificates of Deposit:		Certificate Value:
Stocks/ Bitcoin:		Current Value:	Stocks:		Current Value:
Life Insurance Policy:		Policy Value:	Life Insurance Policy:		Policy Value:
Other Accounts/ Investments:		Account Balance:	Other Accounts/ Investments:		Account Balance:
Total Bank Assets:		\$	Total Bank Assets:		\$

Please provide information for all bank accounts in your name ensuring the provision of account number(s).

Applicant's Initials if information provided is accurate: _____

Co-Applicant's Initials if information provided is accurate: _____

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Income verification materials attached. Copies of statements must be included for all accounts.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:
Bank assets verification attached. A minimum of six (6) months of statements must be provided.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Staff Initials:
Household Expenses Verification			

Please include all household expenses. *Please include copies of last six (6) months of utility billing.*

Housing & Utility Costs

1. **Rent** – Landlord Name: _____ \$ _____
2. **Mortgage** – Loan Holder: _____ \$ _____
3. **Electricity** – Account Number: _____ \$ _____
4. **Natural Gas** – Account Number: _____ \$ _____
5. **Cable/Satellite** – Provider Name: _____ \$ _____
6. **Telephone** – Provider Name: _____ \$ _____
7. **Other** – Specify: _____ \$ _____

Living Expenses

1. **Monthly Food Costs** \$ _____
2. **Monthly Clothing Expense** \$ _____
3. **School/Tuition Costs** \$ _____
4. **Cellular Telephone** – Provider Name: _____ \$ _____
5. **Other** – Specify: _____ \$ _____
6. **Other** – Specify: _____ \$ _____

Insurance Expenses

1. **Health** – Provider Name: _____ \$ _____
2. **Homeowner's** – Provider Name: _____ \$ _____
3. **Renter's** – Provider Name: _____ \$ _____
4. **Life** – Provider Name: _____ \$ _____
5. **Vehicle** – Specify: _____ \$ _____
6. **Other** – Specify: _____ \$ _____

Work Expenses

1. **Licenses/ Certifications** – Specify: _____ \$ _____
2. **Uniform** \$ _____
3. **Travel** \$ _____
4. **Tools** \$ _____
5. **Other** – Specify: _____ \$ _____

Transportation Expenses

1. **Gas (Vehicle)** \$ _____
2. **Vehicle Repair** \$ _____
3. **Transit Passes** \$ _____
4. **Other** – Specify: _____ \$ _____

Debt Service (Please specify the current total balance and monthly payment.)

1. **Credit Card** – Holder: _____ \$ _____
2. **Credit Card** – Holder: _____ \$ _____

3. **Credit Card** – Holder: _____ \$ _____
4. **Credit Card** – Holder: _____ \$ _____
5. **Credit Card** – Holder: _____ \$ _____
6. **Vehicle Loan** – Holder: _____ \$ _____
7. **School Loan** – Holder: _____ \$ _____
8. **Other** – Holder: _____ \$ _____

Initial Eligibility Verification

US Resident or US Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Number of Persons in Household			
Total Annual Income		\$ _____	
Total Value Other Assets		\$ _____	

Household Income Designation * (completed by City of Miami Beach staff)

Very Low Income (VLI) Household means individuals or families whose annual income does not exceed 50% of the area median income as determined by the US Department of Housing and Urban Development with adjustments for household size. (Maximum Income Limit: \$ _____)	<input type="checkbox"/>
Low Income (LI) Household means individuals or families whose annual income does not exceed 80% of the area median income as determined by the US Department of Housing and Urban Development with adjustments for household size. (Maximum Income Limit: \$ _____)	<input type="checkbox"/>
Moderate Income (MI) Household means individuals or families whose annual income does not exceed 120% of the area median income as determined by the US Department of Housing and Urban Development with adjustments for household size. (Maximum Income Limit: \$ _____)	<input type="checkbox"/>

* Based upon the _____ (year) income limits for the Miami/Miami Beach Metropolitan Statistical Area (MSA).

Threshold Requirements/Required Documentation (attach all documentation)

Identity and Household Members	<input type="checkbox"/> Government-issued identification <input type="checkbox"/> Copy of Social Security <input type="checkbox"/> Copy of birth certificates, residency, passport, etc.
Evidence of Home Ownership:	<input type="checkbox"/> Recorded deed
Evidence of Principal Residence:	<input type="checkbox"/> Utility bills (for last 180 days) Or <input type="checkbox"/> Affidavit
Income Verification:	<input type="checkbox"/> Federal tax returns (last two years) <input type="checkbox"/> Employment paycheck stubs (last 6 months) <input type="checkbox"/> Benefits award letter (retirement/disability) <input type="checkbox"/> Bank statements for all accounts (last 6 months) <input type="checkbox"/> Titles/Deeds/Mortgages for All Real Property

Applicant(s) Certification

CONFLICT OF INTEREST ACKNOWLEDGEMENT: In accordance with 24 CFR 570.611, applicants can be denied participation in the City's programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, an appointed official of the City of Miami Beach or its sub-recipients and if within the past 12 months, any of the following three (3) statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of government who exercises any functions or responsibilities with respect to the City's programs.

Please initial acceptance of **Conflict of Interest** provision above:

Applicant's Initials: _____

Co-Applicant's Initials: _____

I/We hereby certify that all of the information furnished when applying for this program is true and correct to the best of my/our knowledge. Should it be found that I/we willfully falsified any information upon which eligibility was determined, this application shall be null and void and I/we shall return any sums spent by the City of Miami Beach on me or my property including any legal fees and administrative cost incurred by the City of Miami Beach.

I/We note further that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I certify that the application information provided is true and complete to the best of my knowledge.

Applicant Signature

Co-Applicant Signature

Date

Date

NOTE: All applicant files and income documentation is subject to public review in accordance with Florida's public records law, Chapter 119, Florida Statutes.



THE CITY OF MIAMI BEACH PROVIDES EQUAL ACCESS AND EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES AND DOES NOT DISCRIMINATE ON THE BASIS OF RELIGION, CREED, RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, FAMILIAL STATUS, SEXUAL ORIENTATION OR DISABILITY.

City of Miami Beach Use Only		
Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing
Documents Received: <input type="checkbox"/> Property deed and mortgage documents <input type="checkbox"/> N/A <input type="checkbox"/> Homeowner(s) valid, state-issued photo identification <input type="checkbox"/> Homeowner(s) Social Security card(s) <input type="checkbox"/> Social Security card(s) for additional household member(s), if applicable <input type="checkbox"/> Homeowner(s) proof of income (i.e. 6 months' worth pay stubs, direct deposit slips, SSA benefits letter, etc.) <input type="checkbox"/> Proof of income for additional adult household member(s), if applicable <input type="checkbox"/> N/A <input type="checkbox"/> Copies of prior six (6) months' bank statements for all accounts <input type="checkbox"/> Copies of six (6) months' electricity (FPL) utility bill <input type="checkbox"/> Copies of six (6) months' expenses		
File Review Comments		
Eligible for Award <input type="checkbox"/> Yes <input type="checkbox"/> No	If Awarded, Amount Eligible \$	Date of Applicant Notification
Closing Company		Date of Check/Wire Issuance

City of Miami Beach Use Only - Rehabilitation			
Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing	
Scope of Work Approved:			
Contractor Approved	Amount Approved	Date of Approval	Expected Completion Date

Project History		
Date of Completed Application		Staff Signature:
Date of Award Letter		Staff Signature:
Date of Closing		Staff Signature:
Date of Unit Inspection for Rehab		Staff Signature:
Date Scope of Work Approved		Staff Signature:
Date of Bid Issuance		Staff Signature:
Date of Bid Opening		Staff Signature:
Date Contractor Contract		Staff Signature:
Date Building Permits Obtained		Staff Signature:
Date of First Inspection		Staff Signature:
Date of Final Inspection		Staff Signature:
Date of Check Completion		Staff Signature:
Date File Closed		Staff Signature: